

<i>SERFF Tracking Number:</i>	<i>HART-125457547</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FF.20.001.2008.02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.</i>		
<i>Project Name/Number:</i>	<i>WC CW Form Filing/FF.20.001.2008.02</i>		

## Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Sentinel Insurance Company Limited, Twin City Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Fire Insurance Company

Product Name: WC CW Form Filing -                      SERFF Tr Num: HART-125457547    State: Arkansas  
Amendment to Workers' Compensation Broad  
Form Endts.

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: FF.20.001.2008.02	State Status: Fees verified and received
Filing Type: Form	Co Status: Initial Filing	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Claire Dubord, David Logan, Sima Nizami, Cheryl Slock	Disposition Date: 02/11/2008
	Date Submitted: 01/28/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal):

State Filing Description:  
4 forms

## General Information

Project Name: WC CW Form Filing	Status of Filing in Domicile:
Project Number: FF.20.001.2008.02	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/11/2008	
State Status Changed: 01/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Revising Endorsements to remove West Virginia, as this state will no longer be an monopolistic state as of 7/1/08.	

SERFF Tracking Number:	HART-125457547	State:	Arkansas
First Filing Company:	Hartford Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	FF.20.001.2008.02		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.		
Project Name/Number:	WC CW Form Filing/FF.20.001.2008.02		

## Company and Contact

### Filing Contact Information

Sima Nizami, Comm Lines Administrative Assistant	snizami@thehartford.com
Hartford Plaza HO-2-19	(860) 547-7117 [Phone]
Hartford, CT 06115	(860) 547-4849[FAX]

### Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	
	-----	
Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	
	-----	
Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	
	-----	
Sentinel Insurance Company Limited	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	
	-----	
Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	
	-----	
Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property

SERFF Tracking Number: HART-125457547 State: Arkansas  
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: FF.20.001.2008.02  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.  
Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383030	
	-----	
Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue		
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383750	
	-----	

SERFF Tracking Number: HART-125457547 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.20.001.2008.02

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.

Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Casualty Insurance Company	\$50.00	01/28/2008	17698670
Hartford Insurance Company of the Midwest	\$0.00	01/28/2008	
Hartford Underwriters Insurance Company	\$0.00	01/28/2008	
Sentinel Insurance Company Limited	\$0.00	01/28/2008	
Twin City Fire Insurance Company	\$0.00	01/28/2008	
Hartford Accident and Indemnity Company	\$0.00	01/28/2008	
Hartford Fire Insurance Company	\$0.00	01/28/2008	

SERFF Tracking Number: HART-125457547 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.20.001.2008.02

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.

Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/11/2008	02/11/2008
Approved	Carol Stiffler	01/29/2008	01/29/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	02/05/2008	02/05/2008			
Industry						
Response						

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Amendment Form to WC Broad Form Endts.		Sima Nizami	01/29/2008	01/29/2008
Amendment Form to WC Broad Form Endts.		Sima Nizami	01/29/2008	01/29/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Two Forms	Note To Reviewer	Sima Nizami	02/07/2008	02/07/2008
Form WC 99 03 57 A and WC 99 03 59 B submitted in error.	Note To Reviewer	Cheryl Slock	01/29/2008	01/29/2008

<i>SERFF Tracking Number:</i>	<i>HART-125457547</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FF.20.001.2008.02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.</i>		
<i>Project Name/Number:</i>	<i>WC CW Form Filing/FF.20.001.2008.02</i>		

SERFF Tracking Number: HART-125457547 State: Arkansas  
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: FF.20.001.2008.02  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.  
Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

## Disposition

Disposition Date: 02/11/2008  
Effective Date (New): 07/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: HART-125457547 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.20.001.2008.02

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.

Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo.	Approved	Yes
Form	Amendment to Workers' Compensation Broad Form Endts.	Withdrawn	No
Form	Amendment to Workers' Compensation Broad Form Endts	Withdrawn	No
Form	Amendment to WC Broad Form Endts.	Approved	Yes
Form	Amendment to WC Broad Form Endts.	Approved	Yes



SERFF Tracking Number: HART-125457547 State: Arkansas  
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: FF.20.001.2008.02  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.  
Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

## Disposition

Disposition Date: 01/29/2008  
Effective Date (New): 07/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: HART-125457547 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.20.001.2008.02

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.

Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo.	Approved	Yes
Form	Amendment to Workers' Compensation Broad Form Endts.	Withdrawn	No
Form	Amendment to Workers' Compensation Broad Form Endts	Withdrawn	No
Form	Amendment to WC Broad Form Endts.	Approved	Yes
Form	Amendment to WC Broad Form Endts.	Approved	Yes

*SERFF Tracking Number:*      *HART-125457547*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Hartford Casualty Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *FF.20.001.2008.02*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.*  
*Project Name/Number:*                      *WC CW Form Filing/FF.20.001.2008.02*

## **Objection Letter**

Objection Letter Status                      Pending Industry Response

Objection Letter Date                      02/05/2008

Submitted Date                      02/05/2008

Respond By Date

Dear Sima Nizami,

    This will acknowledge receipt of the captioned filing.

    Are forms WC 99 03 56 A and WC 99 03 58 B the forms amending the original filing?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

*SERFF Tracking Number:*      *HART-125457547*      *State:*      *Arkansas*  
*First Filing Company:*      *Hartford Casualty Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *FF.20.001.2008.02*  
*TOI:*      *16.0 Workers Compensation*      *Sub-TOI:*      *16.0004 Standard WC*  
*Product Name:*      *WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.*  
*Project Name/Number:*      *WC CW Form Filing/FF.20.001.2008.02*

**Note To Reviewer**

**Created By:**

Sima Nizami on 02/07/2008 07:26 AM

**Subject:**

Two Forms

**Comments:**

Hi Carol,

The two forms (WC 99 03 57 A and WC 99 03 59 B) you had previously approved , were submitted in error and we herewith wish to withdraw them. The correct forms intended for review are WC 99 03 58 B and WC 99 03 56 A. We apologize for the confusion and appreciate you opening our filing.

Thank you,

Sima

*SERFF Tracking Number:*      *HART-125457547*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Hartford Casualty Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *FF.20.001.2008.02*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.*  
*Project Name/Number:*                      *WC CW Form Filing/FF.20.001.2008.02*

**Note To Reviewer**

**Created By:**

Cheryl Slock on 01/29/2008 09:58 AM

**Subject:**

Form WC 99 03 57 A and WC 99 03 59 B submitted in error.

**Comments:**

Forms WC 99 03 57 A and WC 99 03 59 B were submitted in error. Please open filing so that we may withdraw these forms.

Thank you.

Cheryl Slock

SERFF Tracking Number: HART-125457547 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.20.001.2008.02

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.

Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

## Amendment Letter

Amendment Date:

Submitted Date: 01/29/2008

### Comments:

Two Forms WC 99 03 56 A and WC 99 03 58 B

### Changed Items:

#### Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Amendment to WC BroadB Form Endts.	WC 99 03 58		Endorsement/Amendment/Conditions	New			0	WC990358.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Amendment to WC BroadA Form Endts.	WC 99 03 56		Endorsement/Amendment/Conditions	New			0	WC990356.pdf

SERFF Tracking Number: HART-125457547 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: FF.20.001.2008.02

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.

Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment to WC Broad Form Endts.	WC 99 03 58 B		Endorsement/Amendment/Conditions		0.00	WC990358.pdf
Approved	Amendment to WC Broad Form Endts.	WC 99 03 56 A		Endorsement/Amendment/Conditions		0.00	WC990356.pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMENDMENT TO WORKERS' COMPENSATION BROAD FORM  
ENDORSEMENT- EMPLOYERS' LIABILITY STOP GAP COVERAGE**

**Policy Number:**

**Endorsement Number:**

**Effective Date:**

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:**

This endorsement changes the Workers'  
Compensation Broad Form Endorsement –  
Employers' Liability Stop Gap Coverage

A. This coverage only applies in North Dakota,  
Ohio, Washington, and Wyoming

6. Employers' Liability Stop Gap Coverage

E. This paragraph is removed.





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMENDMENT TO WORKERS' COMPENSATION BROAD FORM  
ENDORSEMENT EXTENDED OPTIONS - EMPLOYERS' LIABILITY STOP  
GAP COVERAGE**

**Policy Number:**

**Endorsement Number:**

**Effective Date:**

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:**

This endorsement changes the Workers' Compensation Broad Form Endorsement Extended Options – Employers' Liability Stop Gap Coverage

A. This coverage only applies in North Dakota, Ohio, Washington, and Wyoming.

E. This paragraph is removed.

6. Employers' Liability Stop Gap Coverage

<i>SERFF Tracking Number:</i>	<i>HART-125457547</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FF.20.001.2008.02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC CW Form Filing - Amendment to Workers' Compensation Broad Form Endts.</i>		
<i>Project Name/Number:</i>	<i>WC CW Form Filing/FF.20.001.2008.02</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125457547 State: Arkansas  
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: FF.20.001.2008.02  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC CW Form Filing - Amendment to Workers' Compensation Broad Form Ends.  
Project Name/Number: WC CW Form Filing/FF.20.001.2008.02

## Supporting Document Schedules

	Review Status:	
<b>Satisfied -Name:</b> Uniform Transmittal Document-Property & Casualty	Approved	01/29/2008

**Comments:**

PC TD

**Attachment:**

PCTD1.pdf

	Review Status:	
<b>Satisfied -Name:</b> Explanatory Memo.	Approved	01/29/2008

**Comments:**

EXPLANATORY MEMORANDUM

**Attachment:**

arexmemo.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Sentinel Insurance Company	Connecticut	00914-11000	06-1552103	

<b>5. Company Tracking Number</b>	FF.20.001.2008.02
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Cheryl Slock	Prod Consltn			Cheryl.Slock
	Hartford Plaza, Hartford, CT 06115		860-547-3339	860-547-3519	@TheHartford.com
7.	Signature of authorized filer		<i>Cheryl Slock</i>		
8.	Please print name of authorized filer		Cheryl Slock		

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16 - Workers' Compensation /Employers' Liability Ins.
10. Sub-Type of Insurance (Sub-TOI)	None
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	16.004
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07/01/2008    Renewal: 07/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	01/28/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**20. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

**21.**

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #: EFT**

**Amount: 50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**EXPLANATORY MEMORANDUM**

**ARKANSAS**

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE**

**FORM FILING**

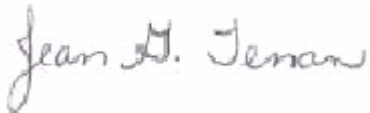
**Form WC 99 03 58 B – Amendment to Workers' Compensation Broad Form Endorsement – Employers' Liability Stop Gap Coverage**

This endorsement is used in conjunction with the Broad Form Endorsement (Form WC 99 03 04 B) to amend the Stop Gap Coverage. Currently available Form WC 99 03 58 A has been revised to remove West Virginia, as this state will no longer be a monopolistic state as of 7/1/08.

**Form WC 99 03 56 A – Amendment to Workers' Compensation Broad Form Endorsement Extended Options – Employers' Liability Stop Gap Coverage**

This endorsement is used in conjunction with the Broad Form Endorsement - Extended Options (Form WC 99 03 05 B) to amend the Stop Gap Coverage. Currently available Form WC 99 03 56 has been revised to remove West Virginia, as this state will no longer be a monopolistic state as of 7/1/08.

Prepared by:

A handwritten signature in cursive script, reading "Jean M. Tenan".

Jean Tenan, Product Consultant  
Applied Research and Product Development – Technical Services